

# State of Arkansas CONTRACTORS LICENSING BOARD



## *Residential Remodeler New Application*

**\$50.00 Filing Fee - NON-REFUNDABLE**

**MAIL TO:**  
CONTRACTORS LICENSING BOARD  
4100 RICHARDS ROAD  
NORTH LITTLE ROCK, ARKANSAS 72117  
Main Phone Number (501) 372-4661  
FAX Number (501) 372-2247  
Web Site: [www.arkansas.gov/clb](http://www.arkansas.gov/clb)

**PLEASE READ THE INSTRUCTIONS (page 3 & 4) BEFORE COMPLETING THE  
APPLICATION**

1.

# RESIDENTIAL REMODELER

## NEW APPLICATION

### Type of License Applying For

You can apply for a “limited license” or an “unlimited license”.

With a **“limited license”** you can **ONLY** do residential remodeling projects that are \$20,000 or less, including, but not limited to, labor and material.

With an **“unlimited license”** you can do residential remodeling projects of any size.

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**Please check the box for the license you are applying for...**

☐

### **“Limited License”**

(“Limited license” means you can **ONLY** do residential remodeling projects that are \$20,000 or less, including, but not limited to, labor and material.

**See page 3 for instructions.)**

☐

### **“Unlimited License”**

(“Unlimited license” means you can do residential remodeling projects of any size.

**See page 4 for instructions.)**

# LIMITED

## RESIDENTIAL REMODELER

### Instructions/Checklist

Your completed application must be in this office **ten (10) business days prior to a committee meeting to be reviewed**. If your application is not complete, you have 90 days from the date we receive the application to send the missing items. After the 90 days, another application and filing fee will be required.

1. If you are applying for a **Commercial or Residential Builders** contractors license: **STOP HERE!!** Download the **Commercial New Application or the Residential Builders New Application** and follow the instructions. The web address is: **[www.arkansas.gov/clb](http://www.arkansas.gov/clb)**.
2. Complete Application (**all lines need to be filled in, if one does not apply to you enter "N/A"**)
  - (a) Complete pages 2, 5, 9 and 10.
  - (b) Appropriate business style affidavit completed, signed, and notarized (page 11). We cannot accept a notarized statement more than 90 days old.
3. \$50.00 filing fee made payable to the Contractors Licensing Board. (NON-REFUNDABLE)
4. Three (3) written references (pages 6, 7 and 8 forms provided). The references should not be from a supplier or banker, unless they have actually observed your work and can describe it. **The references must show four (4) years appropriate experience in construction. The experience must justify the issuance of a Residential Home Builder's license. THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS.**
5. Copy of the Arkansas Business and Law test score. **Please refer to page 13 & 14 for more information about the test. The license can be approved but not released without this passing test score.**
6. If applying as a Corporation, LLC, or LP, attach a copy of the Articles/Filings from your entity's Secretary of State's Office. If a fictitious name has been registered for this company, attach a copy of the fictitious name registration.

# UNLIMITED

## RESIDENTIAL REMODELER

### Instructions/Checklist

Your completed application must be in this office ten (10) business days prior to a committee meeting to be reviewed. If your application is not complete, you have 90 days from the date we receive the application to send the missing items. After the 90 days, another application and filing fee will be required.

1. If you are applying for a **Commercial or Residential Builders** contractors license: **STOP HERE!!** Download the **Commercial New Application or the Residential Builders New Application** and follow the instructions. The web address is: [www.arkansas.gov/clb](http://www.arkansas.gov/clb)
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  - (a) Complete pages 2, 5, 9 and 10.
  - (b) Appropriate business style affidavit completed, signed, and notarized (page 11). We cannot accept a notarized statement more than 90 days old.
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5. Copy of the Arkansas Business and Law test score. **Please refer to page 13 & 14 for more information about the test. The license can be approved but not released without this passing test score.**
6. **CURRENT** compiled balance sheet less than one (1) year old. **DO NOT SEND INCOME STATEMENTS.** The balance sheet must be in the name of the company obtaining the license and must be signed by the owner, officer, member or partner of that company. Only Sole Proprietorships can submit a personal balance sheet and the balance sheet **must exclude** your personal residence and retirement accounts. **All balance sheet statements must show POSITIVE NET WORTH. If you need a form to use for the balance sheet please feel free to download the form at [www.arkansas.gov/clb](http://www.arkansas.gov/clb) provided for your convenience.** If you have a Schedule "L" from your corporation tax return you may also use that form instead. (No other tax forms will be accepted other than the Schedule "L")
7. If applying as a Corporation, LLC, or LP, attach a copy of the Articles/Filings from your entity's Secretary of State's Office. If a fictitious name has been registered for this company, attach a copy of the fictitious name registration.
8. All applicants must provide a "certificate of insurance" showing Worker's Compensation coverage for the entity name in which you are applying for, as it will appear on the license. **Certificates of NON-COVERAGE are "NOT" acceptable, for licensing purposes only, if you are unable to provide Worker's Compensation Insurance, you might want to consider applying for a "Limited" license, see page 3.** The license can be approved but not released without this Worker's Compensation certificate of insurance.

**Do not write in this space - CLB OFFICAL USE ONLY**

Filing Fee: \_\_\_\_\_ ID#: \_\_\_\_\_

Type of License:            **Limited**            **Unlimited**

# RESIDENTIAL REMODELER

## New Application

**PRINT NAME OF COMPANY OR NAME OF INDIVIDUAL (IF APPLYING AS A SOLE PROPERIORSHIP) AS YOU WISH IT TO APPEAR ON LICENSE. IF YOU ARE APPLYING AS A CORPORATION, LLC, OR LLP YOU MUST USE THE EXACT NAME AS REGISTERED WITH THE SECRETARY OF STATE OFFICE. APPLICANTS MUST CONDUCT THEIR CONTRACTING BUSINESS UNDER THE EXACT NAME SHOWN UPON THEIR LICENSE**

**ANSWER ALL OF THE FOLLOWING QUESTIONS, IF A QUESTION DOES NOT APPLY TO YOU ENTER "N/A":**

Company or Individual Name \_\_\_\_\_

D/B/A Name \_\_\_\_\_

(Doing Business As) (If applicable)

Indicate the type of entity seeking a license by circling one of the choices below:

**INDIVIDUAL    CORPORATION    PARTNERSHIP    LLC    LP    OTHER\_\_\_\_\_**

If applying as Corporation / LLC, list the Federal ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County/Parish \_\_\_\_\_

Name of Person to Contact with Any Questions \_\_\_\_\_

Contact Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Complete the following with information for the person that will take or has taken the Business & Law Exam**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

How long have you been with this company? \_\_\_\_\_ Position held with this company \_\_\_\_\_

Check one of the following:    \_\_\_\_\_ Full time paid employee (with W-2 income)  
   \_\_\_\_\_ Officer, member, or partner of the company and is actively  
   involved in the day to day operations  
   \_\_\_\_\_ Sole Owner

5.

**Effective Date 2/2014 (Residential Remodeler New App)**

# REFERENCE INFORMATION

*(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly. )*

**APPLICANT NAME & ADDRESS as shown on application**

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**(GIVE DETAILED ANSWERS)**

**THE PURPOSE OF THIS FORM  
IS TO VERIFY WORK  
EXPERIENCE, NOT CREDIT  
HISTORY.**

1. Yes \_\_\_ No \_\_\_ Are you related or affiliated to the owners of the company or any of the employees?  
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: \_\_\_\_\_
3. To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference? \_\_\_\_\_
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed: \_\_\_\_\_  
\_\_\_\_\_
5. List any projects this company or individual has completed of which you have first hand knowledge: (be specific—list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).  
\_\_\_\_\_  
\_\_\_\_\_
6. Yes \_\_\_ No \_\_\_ Has this company or individual ever failed to complete a project or job that you are aware of? If yes, explain \_\_\_\_\_  
\_\_\_\_\_
7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.  
\_\_\_\_\_  
\_\_\_\_\_
8. Yes \_\_\_ No \_\_\_ Would you recommend this individual or company to be a licensed contractor? If the answer is no, why?  
\_\_\_\_\_  
\_\_\_\_\_
9. Yes \_\_\_ No \_\_\_ Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of? If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.**

Reference givers name & address: (Print)

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

# REFERENCE INFORMATION

*(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly. )*

**APPLICANT NAME & ADDRESS as shown on application**

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\_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

# REFERENCE INFORMATION

*(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly. )*

**APPLICANT NAME & ADDRESS as shown on application**

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(GIVE DETAILED ANSWERS)  
**THE PURPOSE OF THIS FORM  
IS TO VERIFY WORK  
EXPERIENCE, NOT CREDIT  
HISTORY.**

1. Yes \_\_\_ No \_\_\_ Are you related or affiliated to the owners of the company or any of the employees?  
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: \_\_\_\_\_
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\_\_\_\_\_  
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\_\_\_\_\_

**By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.**

Reference givers name & address: (Print)

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_



# APPLICANT'S INFORMATION

***Note: The Word "You" means, for the purpose of the following questions, this organization, any officer of the company, the qualifier of this company, you, or anyone who owns 10% or more of the entity.***

1. Indicate the type of entity seeking a license by circling one of the choices below:

INDIVIDUAL    CORPORATION    PARTNERSHIP    LLC    LP    OTHER\_\_\_\_\_

2. How long has your organization been in business as a contractor under your present business name? \_\_\_\_\_

3. How many years of work experience does the trade or classification qualifier for this license have? \_\_\_\_\_

Yes\_\_\_ No\_\_\_ 4. Have you ever failed to complete any work awarded to you? (See definition of "you" above) **If yes, attach separately a statement of circumstance.**

Yes\_\_\_ No\_\_\_ 5. Have you ever been an investor, partner or officer of some other organization that failed to complete a construction contract? (See definition of "you" above) **If yes, attach separately the name of the individual, other organization and reason for failure.**

Yes\_\_\_ No\_\_\_ 6. Have you filed bankruptcy or were you a part of any other organization that has filed bankruptcy within the last ten (10) years? (See definition of "you" above) **If yes, attach an explanation as to why bankruptcy had to be filed along with a copy of the document prepared by your attorney listing the creditors and a copy of the bankruptcy discharge.**

Yes\_\_\_ No\_\_\_ 7. Have you ever been convicted of a felony? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes\_\_\_ No\_\_\_ 8. Do you or any construction related entity in which you own 10% or more, have any outstanding liens, judgments, or pending litigation? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes\_\_\_ No\_\_\_ 9. Have you ever had a contractors license or been associated with a contractors license in this or any other state? (See definition of "you" above) **If yes, attach separately details.**

Yes\_\_\_ No\_\_\_ 10. Have you ever been penalized, or disciplined by the Arkansas Contractors Licensing Board or the Arkansas Residential Committee? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes\_\_\_ No\_\_\_ 11. Have you ever had a contractors license revoked, suspended or surrendered in this or any other state? (See definition of "you" above) **If yes, attach separately details.**

Yes\_\_\_ No\_\_\_ 12. Do you knowingly employ individual(s) without legal authority to work in the United States? (See definition of "you" above)

Yes\_\_\_ No\_\_\_ 13. Do you knowingly hire workers, as independent contractor(s), who do not have legal authority to work in the United States? (See definition of "you" above)

Yes\_\_\_ No\_\_\_ 14. Are you legally authorized to work in the United States? (See definition of "you" above)

Yes\_\_\_ No\_\_\_ 15. Do you understand that the failure to comply with the Federal law on the hiring, as employees or as subcontractors, of workers without legal authority to work in the United States can lead to the revocation of your contractor's license in the State of Arkansas? (See definition of "you" above)

**CORPORATION, LLC, or LP DATA:**

Date Company Incorporated \_\_\_\_\_

\* Date Registered at Arkansas Secretary of State (501-682-3409) as a Foreign Entity \_\_\_\_\_

(\*This process must be completed before you begin work in the State of Arkansas if you are a foreign entity.)

President \_\_\_\_\_

SSN \_\_\_\_\_

Vice-President \_\_\_\_\_

SSN \_\_\_\_\_

Secretary \_\_\_\_\_

SSN \_\_\_\_\_

Treasurer \_\_\_\_\_

SSN \_\_\_\_\_

***OR***

**PARTNERSHIP DATA:**

Date Partnership Formed \_\_\_\_\_

State whether partnership is general, limited or associated: \_\_\_\_\_

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**List all stockholders, members, or partners who own 10% or more interest in this entity (please print each name) along with their Social Security number or EIN# if a Company or LLC.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# AFFIDAVIT FOR COMPANY (Corporation, LLC, LP or Partnership)

I, \_\_\_\_\_, being duly sworn/affirmed, state under oath:  
(Name of Owner/Officer/Member/Partner)

That I am \_\_\_\_\_ of \_\_\_\_\_;  
(Position held) (Company Name)

Further, that the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that I am familiar with the books and records of the above mentioned company showing its financial condition; that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from the books and records of said company and form a true and accurate statement of the financial condition of said company as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq., including the obtaining and reviewing of a criminal background check.

\_\_\_\_\_  
(Applicant Signature Here)

State of \_\_\_\_\_  
County of \_\_\_\_\_

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature) & Seal

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# AFFIDAVIT FOR INDIVIDUAL

I, \_\_\_\_\_ being duly sworn/affirmed, states under oath:  
(Individual's Name)

That the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from my books and records and form a true and accurate statement of my financial condition as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq., including the obtaining and reviewing of a criminal background check.

\_\_\_\_\_  
(Applicant Signature Here)

State of \_\_\_\_\_  
County of \_\_\_\_\_

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature) & Seal

# CHECKLIST OF HELPFUL NUMBERS

Revised 1/2014

## *FOR CONTRACTORS PLANNING TO OPERATE IN THE STATE OF ARKANSAS*

THE FOLLOWING IS A LIST OF REGULATORY AGENCIES TO WHICH YOU COULD BE RESPONSIBLE WHILE DOING BUSINESS IN THE STATE OF ARKANSAS.

### **CONTRACTORS LICENSE**

Contractors Licensing Board  
4100 Richards Road  
North Little Rock, AR 72117  
Telephone: (501) 372-4661

### **CORPORATE FRANCHISE TAX**

Note: All Corporations are required to register and pay franchise taxes.

Secretary of State  
Victory Building, Ste 250  
1401 W Capitol  
Little Rock, AR 72201  
Telephone: (501) 682-3409

### **INDIVIDUAL INCOME TAX**

Individual Income Tax Section  
Revenue Division  
Department of Finance & Admin.  
P O Box 3628  
Little Rock, AR 72203  
Telephone: (501) 682-7272

### **CORPORATE INCOME TAX**

Corporation Income Tax Section  
Revenue Division  
Department of Finance & Admin.  
P O Box 919  
Little Rock, AR 72203  
Telephone: (501) 682-4775

### **SALES & USE TAXES**

Sales and Use Tax Section-Revenue Division  
Department of Finance & Admin.  
P O Box 1272  
Little Rock, AR 72203  
Telephone: (501) 682-7104

### **UNEMPLOYMENT COMPENSATION**

Department of Workforce Services  
P O Box 2981  
Little Rock, AR 72203  
Telephone: (501) 682-2121 or 1-855-225-4440

### **WORKERS COMPENSATION**

Arkansas Workers Compensation  
Commission  
4th & Spring Streets, PO Box 950  
Little Rock, AR 72203-0950  
Telephone: (501) 682-3930 or (800) 250-2511

### **LABOR STANDARDS**

Labor Standards Administrator-Arkansas Dept. of Labor  
10421 West Markham  
Little Rock, AR 72205  
Telephone: (501) 682-4501

### **ONLINE DIRECTORY**

[www.arkansas.gov/directory](http://www.arkansas.gov/directory) or  
State Information 501-682-3000

**\*\*UNDERGROUND STORAGE TANKS,  
ASBESTOS**

Arkansas Department of Environmental Quality  
8001 National Drive, PO Box 8913  
Little Rock, AR 72219-8913  
Telephone: (501) 682-0999 or (501) 682-0718

**\*\*LEAD ABATEMENT**

Arkansas Department of Health  
4815 West Markham Slot-32  
Little Rock, AR 72205-3867  
Telephone: (501) 671-1472

**\*\*PLUMBING, GAS FITTERS  
HVACR, SHEET METAL,  
REFRIGERATION & COLD STORAGE**

Arkansas State Health Department  
Plumbing & Natural Gas Division  
4815 West Markham Slot #24  
Little Rock, AR 72205-3867  
Telephone: (501) 661-2642

**\*\*FIRE & BURGLAR ALARMS**

Arkansas Board of Private Investigators and Private  
Security Agencies C/O Arkansas State Police  
1 State Police Plaza Drive  
Little Rock, AR 72209  
Telephone: (501) 618-8600

**\*\*SPRINKLERS**

Arkansas Fire Protection Board  
7509 Cantrell Road Suite 103A  
Little Rock, AR 72207  
Telephone: (501) 661-7903

**\*\*ELECTRICAL**

Board of Electrical Examiners – Dept of Labor  
10421 West Markham  
Little Rock, AR 72205  
Telephone: (501) 682-4549

**\*\*ELEVATOR SAFETY**

Safety Division-Arkansas Department of Labor  
10421 West Markham  
Little Rock, AR 72205  
Telephone: (501) 682-4530

**\*\*BOILERS**

Boiler Division - Arkansas Department of Labor  
10421 West Markham  
Little Rock, AR 72205  
Telephone: (501) 682-4513

**\*\*LANDSCAPING w/PLANTING**

Arkansas State Plant Board  
1 Natural Resources Drive  
Little Rock, AR 72205  
Telephone: (501) 225-1598

**\*\*WATER WELLS**

Arkansas Water Well Commission  
101 E Capitol, Ste 350  
Little Rock, AR 72201  
Telephone: (501) 682-1025 or (501) 682-3900

**PLEASE NOTE:** *This list may not include all of the State Regulatory Offices, which you might need to contact. You should contact your accountant or attorney as to any other agencies which you may need to contact due to the special nature of your business.*

*\*\*Requires proof of appropriate certification/licensure before the Contractors Licensing Board will approve the classification(s). Performing any of the following type projects without the appropriate certificate/license from the agency in question may be in violation of that agency's law. Performing any of the following type projects without the specific classification from the Contractors Licensing Board may be in violation of the Contractors Licensing law.*

**Effective Date 2/2014 (Residential Remodeler New App) 13.**

# Arkansas Business & Law Test (Instructions)

**The test is given by an independent testing company (Prometric). If you have questions about the test or need more information beyond what is furnished here please call them at 888-763-0131.**

## Registration Instructions:

1. Call 1-888-763-0131 or visit [www.experioronline.com](http://www.experioronline.com)
2. Register for **ARO4 Program name**.
3. **Exam Code 100**
4. The operator will assist you in finding the nearest Testing Center.
5. The test is administered 6 days a week (M-F 8:00 a.m. – 8:00 p.m., Sat 8:00 a.m. – 4:00 p.m.)
6. Payment – Prometric will accept VISA, MasterCard, American Express or a check can be drafted from your checking account. (Have a check ready for relaying the appropriate numbers)  
The charge for the test is \$80.00.
7. You will receive a confirmation number and directions to the testing center.  
(Note these at the bottom of this page for your references)
8. The test is open book, multiple choice, and 50 questions, with a 2-hour time limit.
9. The book (Contractors Guide to Business, Law and Project Management, Arkansas Edition) is available directly from the Publisher, call (623) 587-9519 or complete the order form on the next page.
10. No handwritten or additional notes are allowed in the reference book (No Letters, words, diagrams, etc.)  
Highlighting and permanent tabbing is acceptable. Post it notes are not permanent and will not be allowed.  
**Permanent tabs can be purchased at <http://www.nascla.org/tabs-arkansas> for \$9.99**

On the day of your examination, you must arrive at the Prometric Center 30 minutes before your scheduled appointment to complete the admission procedures required before your test begins. You must bring the following with you: One official government issued photo identification such as a driver's license, passport, etc., and your Contractors Guide to Business, Law and Project Management, Arkansas Edition.

## **PLEASE BE ADVISED:**

- a) You may be given extra manuals when you arrive to take the test.  
You will only be tested from the Contractors Guide to Business, Law and Project Management, Arkansas Edition.
- b) Verify your exam code before you take the test.
- c) **Have PROMETRIC send the results to YOU.** If you request your results be sent to our offices it could take weeks to get to us, which could postpone the approval and release of your license.  
When you receive them forward them onto us via USPS or fax them to 501-372-2247.

**Confirmation Number:**

**Appointment Date:**

**Appointment Time:**

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